

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

**RECEIVED**

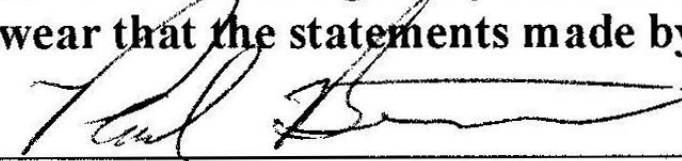
DEC 22 2004

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SECRETARY OF STATE

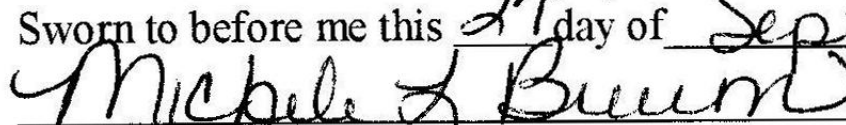
1. TITLE OF NEWSPAPER <b>HUDSONITE</b>		2. DATE <b>9-27-04</b>
3. FREQUENCY OF ISSUE <b>WEEKLY</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>17/21</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO Box 467, HUDSON, SD 57034</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>110 E. 1ST ST., PO Box 227, ALCESTER, SD 57001-0227</b>		
6. FULL NAME OF PUBLISHER: <b>PAUL B. BOUM</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <b>PAUL &amp; MICHELE BOUM</b>		COMPLETE MAILING ADDRESS <b>PO Box 301, ALCESTER, SD 57001</b>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form) <b>STATE BANK OF ALCESTER, PO Box 168, ALCESTER, SD 57001</b> <b>MARY ETTA BROSE, 706 IRENE DRIVE, KERVILLE, TX 78028</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<b>400</b>	<b>400</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<b>34</b>	<b>36</b>
2. Mail Subscription (Paid and or requested)	<b>183</b>	<b>181</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<b>217</b>	<b>217</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<b>14</b>	<b>14</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<b>4</b>	<b>3</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<b>235</b>	<b>234</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>161</b>	<b>162</b>
2. Return from News Agents	<b>4</b>	<b>4</b>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<b>400</b>	<b>400</b>

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**  
**I swear that the statements made by me are true, correct, and complete:**

  
 (Signature)

**PUBLISHER**  
 (Title)

State of South Dakota )  
 )  
 County of **Lincoln** )  
 (Seal) -

Sworn to before me this **27<sup>th</sup>** day of **Sept**, 20 **04**  


Notary Public  
 My Commission Expires 5/8/2005

My commission expires: \_\_\_\_\_